

*Referrals
Formal Session
9-3-19*

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 1057 Event Name: Patriot Ruck 2019

Event Date: September 8, 2019

Street Closure: None

Organization Name: Wins for Warriors

Street Address: 1001 Woodward Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Justin Verlander's foundation Wins for Warriors will host its annual walk/run at Hart Plaza and the Detroit Riverwalk from 9:00am - 3:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camoflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Juskin

Date: 8-28-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, August 29, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE RECREATION DEPARTMENT
DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT

1057 *Wins for Warriors, request to hold "Patriot Ruck 2019" at Hart Plaza on September 8, 2019 from 9:00 am to 3:00 pm with setup on 9/7/19 and teardown to be completed on the event date, 9/8/19.*

9/8/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Patriot Ruck 2019 -

Event Location: Hart Plaza

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Wins for Warriors

Organization Mailing Address: 1001 Woodward Ave, 5th Floor, Detroit, MI 48226

Business Phone: 734-775-3433

Business Website: www.PatriotRuckDetroit.com

Applicant Name: Mary Anne Pacheco

Business Phone: 734-775-3433

Cell Phone: 734-775-3433

Email: maryannepb1m@gmail.com

Event On-Site Contact Person:

Name: Mary Anne Pacheco

Business Phone: 734-775-3433

Cell Phone: 734-775-3433

Email: maryannepb1m@gmail.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Ruck - walk/run</u> |

Please provide a brief description of your event:

— Justin Verlanders' Wins for Warriors 3rd Annual Military Ruck is a 3 mile and 6 mile walk/run carrying a weighted backpack. The event will start and finish in Hart Plaza. Start time is 10am. Following the Ruck will be family fun activities and lunch, ending at 3pm. All proceeds benefit military families, veterans and first responders.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/7/19 Time: noon – 2pm Complete Set-up Date: 9/7/19 Time: 3pm

Event Start Date: 9/8/19 Time: 9am Event End Date: 9/8/19 Time: 3pm

Begin Tearing Down Date: 9/8/19 Complete Tear Down Date: 9/8/19

Event Times (If more than one day, give times for each day):

9/8/19 – 9am – 3pm

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: DJ

Will a sound system be used? Yes No

If yes, what type of sound system? Speakers for announcements and music

Describe specific power needs for entertainment and/or music:

None.

How many generators will be used? 0 _____

How will the generators be fueled? N/A _____

Name of vendor providing generators:

Contact Person: Hotz Catering and Rental

Address: 20752 Ryan Road

Phone: 800-990-1599

City/State/Zip : Warren, MI 48091

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

Will there be on-site ticket sales? Yes No
If yes, list price(s):

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: Food Trucks

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Joel Grissom, Camouflage Security

Address:

Phone: 313-717-2381

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options? Parking information will be on the event website.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? No adverse effect

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Hheight
Booth		
Tents (enclosed on 3 sides)	4	10x10 pop ups
Canopy (open on all sides)	0	
Staging/Scaffolding	1	8'x8' riser 12" high
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam Gottlieb Hart Medical 248-789-3648

Address:

City/State/Zip:

Name of company providing port-a-johns. Parkway Services, Inc

Contact Person: Michelle

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? Food Trucks

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: none

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: none

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: none

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: none

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: none

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Signature of Applicant


Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

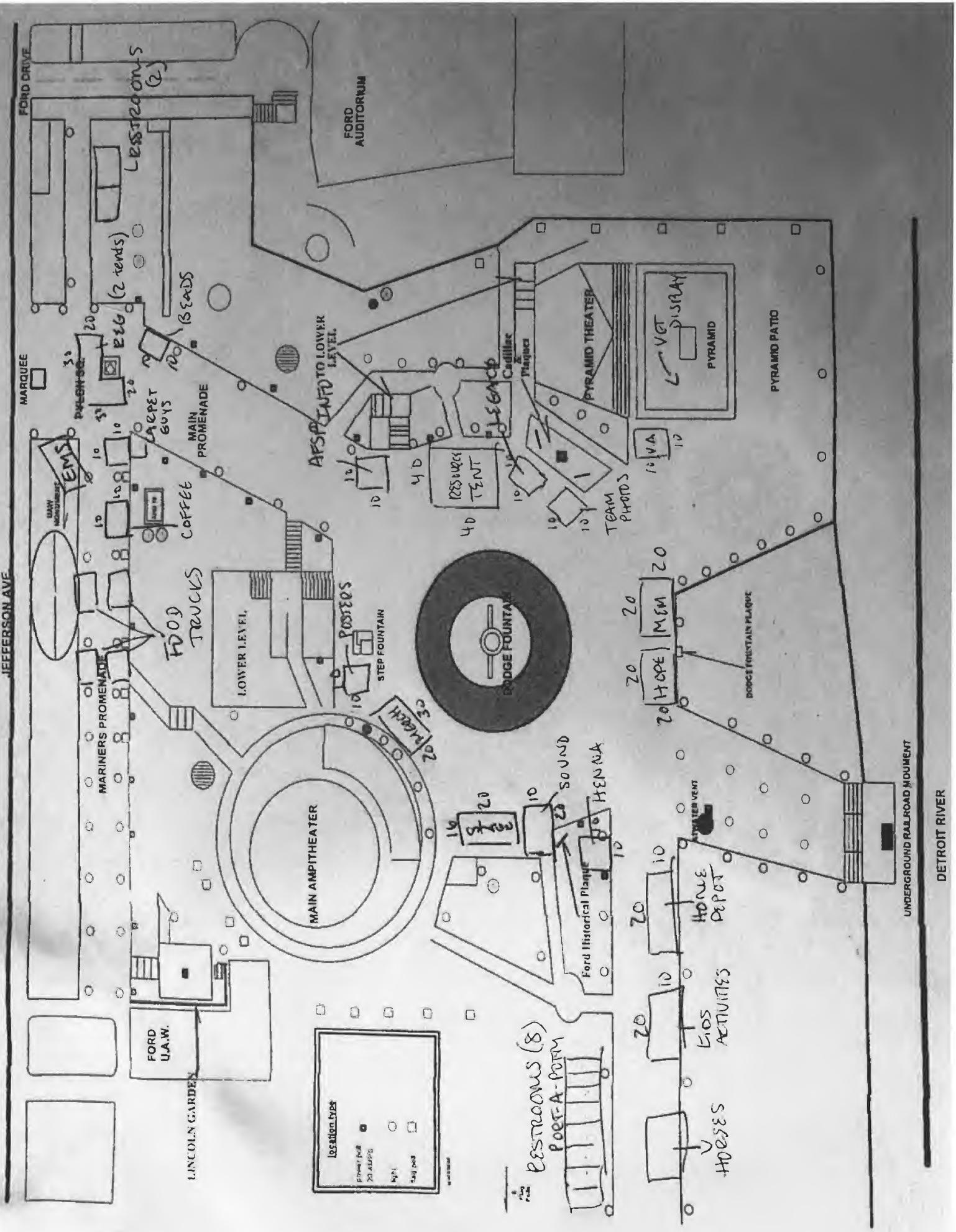
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2019 Patriot Ruck _____ Event Date: 9/8/19 _____

Event Organizer: Mary Anne Pacheco _____

Applicant Signature: Mary Anne Pacheco _____ Date: 16/08/19 _____





CERTIFICATE OF LIABILITY INSURANCE

WINSFOR-01

GANGADARCHANDRA

DATE (MM/DD/YYYY)
7/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	License # CA#0658748	CONTACT NAME:	
AHT Insurance 20 S. King Street Leesburg, VA 20175		PHONE (A/C, No. Ext):	(703) 777-2341 FAX (A/C, No.): (703) 771-1852
		E-MAIL ADDRESS:	
INSURED	Wins for Warriors Foundation 1001 Woodward Ave, 5th Floor Detroit, MI 48226	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Sentinel Insurance Company Ltd	11000
		INSURER B: Hartford Accident and Indemnity Company	22357
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	X	42SBAIH3446	2/1/2019	2/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB DED RETENTION \$		42SBAIH3446	2/1/2019	2/1/2020	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	42WECEI1602	2/1/2019	2/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HART PLAZA, City of Detroit is an Additional Insured under General Liability as per written contract and subject to the provisions of the policy.

CERTIFICATE HOLDER	CANCELLATION
HART PLAZA A City of Detroit Parks and Recreation Department Facility One Hart Plaza Detroit, MI 48226-4344	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

CONFIDENTIAL

HART EMS MEDICAL SERVICES PLLC

**1636 W. Fort St.
Detroit, MI 48216
313-366-4278 Fax- 313-216-1771**

August 2, 2019

This is to confirm that **HART EMS MEDICAL SERVICES PLLC (HART)** will provide on-site medical service for: **2019 Wins for Warriors in Detroit, Michigan** on the following date and time(s):

September 8, 2019 10:00 am – 2:00 pm

HART EMS MEDICAL SERVICES PLLC will provide these on-site standby services:

One (1) Life Support Ambulance @ \$200.00 /hr 10:00 am – 2pm
One (1) Golf Cart Ambulance @ \$90.00/hr 10:00am- 12pm

In kind donation= 250.00

Total cost for event = \$730.00

Additional hours will be calculated accordingly.

Wins for Warriors will provide

- **Location for Ambulance parking with appropriate egress route**
- **Location for personnel parking**
- **Any necessary credentials**
- **Parking Passes for all HART EMS MEDICAL SERVICES PLLC staff vehicles**
- **Bathroom Facilities**
- **Contact Person name**
- **Ice & Water for patient use**
- **Secure Location and Structure for First Aid**
- **Communications with onsite staff**

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of both HART EMS MEDICAL SERVICES PLLC and Wins for Warriors that HART EMS MEDICAL SERVICES PLLC will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed Wins for Warriors. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART EMS MEDICAL SERVICES PLLC, will at its' discretion, call for transport via city or private provider. HART EMS MEDICAL SERVICES PLLC assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART EMS MEDICAL SERVICES PLLC is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART EMS MEDICAL SERVICES PLLC, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART EMS MEDICAL SERVICES PLLC and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered. Premature termination of the event shall not result in discount or refund of any kind from HART EMS MEDICAL SERVICES PLLC.

Payment is due within 10 days of invoice

AGREED:

Adam Gottlieb
HART EMS MEDICAL SERVICES PLLC

Authorized Signature
Wins for Warriors

Date

Date

2019-08-29

1057

1057 *Petition of Wins for Warriors, request
to hold "Patriot Ruck 2019" at Hart
Plaza on September 8, 2019 from 9:00
am to 3:00 pm with setup on 9/7/19
and teardown to be completed on the
event date, 9/8/19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE RECREATION DEPARTMENT
DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER TRANSPORTATION

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MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 1018 Event Name: Murals in the Market

Event Date : September 14, 2019

Street Closure: Division Street

Organization Name: PAXAHAU, Inc.

Street Address: 1551 Rosa Parks Suite A Detroit, MI 48216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
- 24-Hour Liquor License**

Petition Communications (include date/time)

The 5 Annual Murals in the Market will take place on Division Street between Orleans & St. Aubin and the adjacent parking lot from 1:00pm - 1:00am.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct Assisted Event; Contracted with Private Security Company
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Jusser

Date: 8-28-19

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1018 *Paxahau, Inc./IxRun, request to hold "2019 Murals in the Market Block Party" at Eastern Market on September 14, 2019 from 1:00 PM to 1:00 AM on 9-15-19 with temporary closure of Division St. from Orleans to St. Aubin.*

9/15/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Murals In The Market Block Party

Event Location: Eastern Market - Division St. Between Orleans and St. Aubin

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Paxahau, Inc/1xRun

Organization Mailing Address: 1551 Rosa Parks Blvd. Suite A. Detroit, MI. 48216

Business Phone: 5865969463

Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone: 5865969463

Cell Phone:

586-596-9463

Email:

sam@paxahau.com

Event On-Site Contact Person:

Name: Sam Fotias

Business Phone: 5865969463

Cell Phone: 5865969463

Email: sam@paxahau.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 2000

Please provide a brief description of your event:

The 5th annual Murals in the Market public art festival held in Eastern Market each September will host an all ages block party with dry goods, food and beverage vendors, games for kids & adults and a stage with entertainment. This event will help support Murals in the Market and will offset the costs of the annual block party event.

9/14/19

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/13/2019 Time: 6:00 am Complete Set-up Date: 9/14/2019 Time: 10:00 am

Event Start Date: 9/14/2019 Time: 1:00 pm Event End Date: 09/15/2019 Time: 1:00 am

Begin Tearing Down Date: 9/15/2019 Complete Tear Down Date: 9/15/2019

Event Times (If more than one day, give times for each day):
event will run from 1pm until 1 am

Section 3- LOCATION/SITE INFORMATION

Location of Event: Division St between Orleans and Division

Facilities to be used (Check) Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ PREMIER, J ROCC AND A WDE SELECTION OF LOCAL AND REGIONAL DJ'S AND BANDS

Will a sound system be used? Yes No

If yes, what type of sound system? Line array

Describe specific power needs for entertainment and/or music:

two 30kw generators

How many generators will be used? two

How will the generators be fueled?
they will come to the site full of fuel

Name of vendor providing generators:

Contact Person: Mike Phelps - GenDrop

Address: 15440 Windmere St.

Phone: 313-595-8702

City/State/Zip Southgate, MI. 48195

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Art, Tshirts, Hats, Street Trucks, Alcoholic and Non Alcoholic Beverages

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Via multiple social media outlets and web sites for the event

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Impact will be nominal as the set up in the street and street closures will not impact local market traffic.
There is little to no residential around the site so sound impact will be nominal,

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event:
there have been and will continue to be meetings with business owners around the event site to inform them and work along with them to mitigate large impact to their daily business.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	10	10x10
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	2	40x40
Staging/Scaffolding	1	24x24
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam Gottleib - Hart Medical - 248-789-3648

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Division
FROM: Orleans TO: St Aubin
CLOSURE DATES: 9/13/2019 BEG TIME: 8 pm END TIME:
REOPEN DATE: 9/15/2019 TIME:

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

sam fotias

07/30/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 Murals In The Market Block Party and Family Reunion **Event**
Date: 7/29/2019

Event Organizer:
Paxahau and 1xRun

Applicant Signature:
Date: 07/30/2019

2019-08-05

1018

1018

Petition of Pachahau, Inc./IxRun, request to hold "2019 Murals in the Market Block Party" at Eastern Market on September 14, 2019 from 1:00 PM to 1:00 AM on 9-15-19 with temporary closure of Division St. from Orleans to St. Aubin.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

100

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 1020 Event Name: Eastern Market After Dark

Event Date : September 19, 2019

Street Closure: Alfred, Division, Adelaide

Organization Name: Eastern Market Corporation

Street Address: 2934 Russell Street Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Annual Open House</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Eastern Market Businesses will host their annual open house from 7:00pm - 11:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct Assisted Event; Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections & EMS Confirmation
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Bushier

Date: 8-28-19

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1020 *Eastern Market Corporation, request to hold "Eastern Market After Dark" at Eastern Market on September 19, 2019 from 7:00 PM to 11:00 PM with temporary closures of Alfred, Division, and Adelaide Streets.*

9/19/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market After Dark

Event Location: At private businesses throughout Eastern Market District.

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Corporation

Organization Mailing Address: 2934 Russell St Detroit MI 48207

Business Phone: 313 833-9300 ext. 224

Business Website: Easternmarket.org

Applicant Name: Melissa Thomas

Business Phone: 313 833-9300 ext. 313 740-1462 Cell Phone: Email: mthomas@easternmarket.org

Event On-Site Contact Person:

Name: Melissa Thomas

Business Phone: 313 833-9300 ext. 313 740-1462 Cell Phone: Email: mthomas@easternmarket.org

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: Annual open house where |

Projected Number of Attendees: 10,000

Please provide a brief description of your event:

This is an organized open house for businesses in the EMC District to stay open and attract attention to their business. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller version of a regular weekend market, only in the evening.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date September Time:5:00pm Complete Set-up Date:September 19, Time:7:00pm

Event Start Date:September 19, Time:7:00pm Event End Date:September 19, 2019 Time:11:00pm

Begin Tearing Down Date:September 19, 2019 Complete Tear Down Date:September 19, 2019

Event Times (If more than one day, give times for each day):
NA

Section 3- LOCATION/SITE INFORMATION

Location of Event:At private businesses throughout the Eastern Market District

Facilities to be used() Street Sidewalk Park City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DIME (Youth Music Ensemble (Various Students)) performing on the Plaza

Will a sound system be used? Yes No

If yes, what type of sound system? Amplifier

Describe specific power needs for entertainment and/or music:

Standard 20 amp circuits (provided by Eastern Market)

How many generators will be used? NA

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

[] Food

[] Merchandise

[] Non-Alcoholic Beverages

[] Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eastern Market Corp.& DPD

Contact Person: Darius Dawson (Manager of Customer Support & Security)

Address: 2934 Russell St.

Phone: 313 833-9300

City/State/Zip:

Detroit, MI 48207

Number of Private Security Personnel Hired Per Shift:

12- 15 Patrolling parking lots and around district businesses

Are the private security personnel (check all that apply):

[] Licensed

[] Armed

[] Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
This is an evening open house for district businesses. Little impact as it will be about as busy as a slow Saturday Market in winter. Also, most of the businesses participate and are involved in the event.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
All neighboring locations are notified through our "one call now" phone notice system, also monthly district business meetings. Main contact method has been by the Detroit Design Festival actively seeking out businesses to stay open and participate.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: NA

Address:

City/State/Zip:

Name of company providing port-a-johns? NA

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **BARRICADES ARE NOT AVAILABLE FROM THE CITY OF DETROIT.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Alfred Street
FROM: Shed 4 TO: Russell

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00pm END TIME:
REOPEN DATE: September 19, 2019 TIME:

STREET NAME: Division Street
FROM: Shed 3 TO: Russell Street

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00p END TIME:
REOPEN DATE: September 19, 2019 TIME:

STREET NAME: Adelaide Street
FROM: Market Street TO: Russell Street

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00pm- END TIME:
REOPEN DATE: September 19, 2019 TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

This is an organized open house for businesses in the EMC District to stay open and attract attention to their businesses. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller attended regular weekend market, only in the evening.

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Melissa Thomas

07/25/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Eastern Market After Dark **Event**
Date: September 19, 2019

Event Organizer:
Melissa Thomas

Applicant Signature:
Date: 07/25/2019

2019-08-05

1020

Petition of Eastern Market Corporation, request to hold "Eastern Market After Dark" at Eastern Market on September 19, 2019 from 7:00 PM to 11:00 PM with temporary closures of Alfred, Division, and Adelaide Streets.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

101

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 1058 Event Name: 1st Annual Giddy Up Pup

Event Date: September 22, 2019

Street Closure: Various

Organization Name: Michigan Humane Society

Street Address: 30300 Telegraph Suite 220 Bingham Farms, 48025

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

The Michigan Humane Society will host its 1st Annual Giddy Up Pup event from Eastern Market with a 5 - Mile Route for Mounted Police & Equestrians and a 1 - Mile Walk for Dog Owners.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Detroit Mounted Police will Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Community EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 8-28-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, August 29, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
FIRE DEPARTMENT POLICE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1058 *Michigan Humane Society, request to hold "1st Annual Giddy Up Pup" at Eastern Market and Greater Downtown Area on September 22, 2019 from 8:00 am to 12:00 pm with setup on 9/22/19 and teardown to be completed on the event date 9/22/19.*

1058

9/22/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 1st Annual Giddy Up Pup (Fundraising Walk for Michigan Humane Society)

Event Location: Eastern Market Neighborhood / Walking Tour of Greater Downtown Area - Detroit Mi

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Michigan Humane Society

Organization Mailing Address: 30300 Telegraph Road, Suite 220, Bingham Farms MI 48025

Business Phone: 866- mhumane 866- Business Website: www.michiganhumane.org

Applicant Name: Sarah Shackleford

Business Phone: 248-283-5639 Cell Phone: 248-904-9207 Email: sshackleford@michiganhumane.org

Event On-Site Contact Person:

Name: Greg Harris

Business Phone: 248-283-5628 Cell Phone: 313-407-1010 Email: gharris@michiganhumane.org

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 500

Please provide a brief description of your event:

Michigan Humane Society is going back to our 1877 equestrian roots by inviting the public to join the Detroit Mounted Police in a horse led walk through a 5-mile route, starting and ending at Eastern Market, shed 6. This event will begin the rebranding of MHS's former Mega March. This walk will be open to humans with their dogs. Estimated expected participation up to 1,500. Equestrian participation not to exceed 60 with an early bird fee of \$55 and then after \$65 per horse (late fee will apply one month from launch of event site/MHS will handle this marketing). Walk participants to pay an early bird fee of \$15 and the \$25.00 after. Both can fund raise through the event website and donate event day. Both fees will include a t-shirt, BBQ, music, and an adult beer and Bloody Mary tent. MHS will be soliciting

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/22/19

Time:06:00AM Complete Set-up Date:09/22/2019

Time:07:00AM

Event Start Date:09/22/19

Time:08:00AM Event End Date:09/22/19

Time:12:00PM

Begin Tearing Down Date:09/22/2019

Complete Tear Down Date:09/22/19

Event Times (If more than one day, give times for each day):
8AM-12PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Eastern Market Neighborhood / Walking Tour of Greater Downtown Area

Facilities to be used Street Facility

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

BBQ, music, beer and Bloody Mary tent

Will a sound system be used? Yes No

If yes, what type of sound system? Amplified voice and music through two speakers.

Describe specific power needs for entertainment and/or music:

Battery powered speakers

How many generators will be used? 2 generators: Honda 2000 Honda

How will the generators be fueled?
Gasoline filed prior to the event.

Name of vendor providing generators:

Contact Person: Rafel Pouncy

Address: 30300 Telegraph Road

Phone: 248-840-7773

City/State/Zip: Bingham Farms, Mi 48180

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

MHS retail items, food from COD licensed food trucks, drinks, BBQ from Bert's Marketplace. Will be filing separate liquor license for alcohol sales through MLCC.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Prudential Security

Contact Person: Jeff Hartless

Address: 20600 Suite 900 Eureka Road

Phone: 734-286-6000

City/State/Zip:

Taylor Mi 48180

Number of Private Security Personnel Hired Per Shift:

2

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Registration website communication. Email Communication. Day of Signage and wayfinding volunteers

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Minimal impact with sidewalk usage, large crowds, and riders on horseback.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
Plans to attend neighborhood association meetings (Lafayette park, Rivertown, Brush park)

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	0	0
Tents (enclosed on 3 sides)	10	10x10
Canopy (open on all sides)	5	10x10
Staging/Scaffolding	0	

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: General Dispatch, Community EMS

Address: 25400 Eight Mile Road,

City/State/Zip: Southfield, Mi 48033

Name of company providing port-a-johns. Scotty's Potties

Contact Person: Jill Coshat

Address: 27940 Wick Rd

Phone: 888-407-2900

City/State/Zip: Romulus

Name of private catering company? Bert's Marketplace

Contact Person:

Address: 2727 Russell St,

Phone: 313-567-2030

City/State/Zip: Detroit

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



07/18/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 1st Annual Giddy Up Pup **Event**
Date: 09/22/2019

Event Organizer:
Michigan Humane Society

Applicant Signature:
Sarah Shackleford
Date: 07/18/2019

Honda Power Equipment sets a new standard in portable power with the introduction of an all-new EU2200i inverter generator. Part of Honda Power Equipment's Super Quiet Series of generators, the new EU2200i lineup is the perfect portable generator for work, home or play.

The all-new Honda EU2200i inverter generator offers tremendous value to users, delivering 10 percent more power (200 watts) than the outgoing EU2000i model, the company's most popular portable model for the same price. The heart of the additional power the new generator delivers is the Honda GXR120 engine. With more power, better performance and improved ease of use and maintenance, the all-new Honda EU2200i is the perfect choice for consumers to power what they need for work, home or play.



In addition to more wattage, the all-new EU2200i delivers consumers additional user-friendly features including a fuel shut off valve that allows the engine to run with the fuel supply off, helping prevent issues related to stale fuel; a large spout and oil drain gutter for cleaner, easier oil changes; a smooth, light effort recoil; a user-friendly design that incorporates color-coded startup points to start the generator; and increased ventilation that improves airflow resulting in better cooling of key components.

Model	EU2200i
Engine	GXR120
Displacement	121cc
Compression Ratio	8.5:1
Engine Speed	4000 rpm – 4500 rpm (with Eco Throttle® switch off)
Cooling System	Forced Air
AC Output	120V / 2200W max. (18.3A); 120 / 1800W rated (15A)
Receptacles	20A 120V Duplex
DC Output	12V, 100W (8.3A)
Starting System	Recoil
Fuel Tank Capacity (gal / L)	0.95 US gal / 3.6 L
Engine Oil Capacity (oz. / L)	14 oz. / 0.44 L
Run Time per Tankful	3.2 hours @ rated load; 8.1 hours @ ¼ load
Dimensions (L x W x H - in./mm)	20 inches x 11.4 inches x 16.7 inches / 509 mm x 290 mm x 425 mm
Noise Level	62 dB @ rated load and 53 dB @ ¼ load
Dry Mass (lbs. / kg)	46.5 lbs. / 21.1 kg
Wet Weight (lbs. / kg)	53.6 lbs. / 24.04 kg
Oil Alert®	Yes
Ignition System	Full transistor
Eco Throttle®	Yes
Residential Warranty	3 Years
Commercial Warranty	3 Years

Honda EU3000is Super Quiet Portable Inverter Generator

**Super Quiet Portable Generator
Great for RV / Camping Use!**



Generator Features & Benefits

- Honda Overhead Valve Engine
- Lightweight and Compact
- High Quality, Stable and High Power Output
- Quiet Operation
- Low Fuel Consumption
- Parallel Operation Capability
- Oil Alert™
- Electronic Ignition
- Simultaneous AC/DC use
- Electronic Circuit Breakers
- Fuel Meter
- Inverter (Computer Friendly)
- USDA-Qualified Spark Arrestor/Muffler
- Fully Enclosed for Quieter Operation
- EcoThrottle™ (load dependent operation)
- Battery Standard

Honda EU3000is Generator Specifications

Engine	Honda 6.5 HP, Single Cylinder, Overhead Valve, Air Cooled
Displacement	196 cc
AC Output	120V 3000W max.(25A) 2800W rated (23.3A)
Receptacles	20A 125V Duplex NEMA Plug Number: 5-20P
DC Output	30A 125V Locking Plug NEMA Plug Number: L5-30P
Starting System	Recoil and Electric Start
Fuel Tank Capacity	3.4 gallons
Run Time on One Tankful	7.2 hrs. @ rated load 20 hrs. @ 1/4 load
Dimensions (L x W x H)	25.8" x 18.9" x 22.4"
Noise Level	58 dB @ rated load 49 dB @ 1/4 load (Noise level varies depending on load)
Dry Weight	134 lbs.



Michigan Humane Society—Giddy Up Pup Event Space Layout—9.22.19



2019-09-29

1058

*Petition of Michigan Humane Society,
request to hold "1st Annual Giddy Up
Pup" at Eastern Market and Greater
Downtown Area on September 22,
2019 from 8:00 am to 12:00 pm with
setup on 9/22/19 and teardown to be
completed on the event date 9/22/19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
FIRE DEPARTMENT POLICE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

August 28, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001018 100% City Funding – AMEND 1 – To Provide Emergency Sand Bags. –
Contractor: Signal USA, LLC – Location: 2490 Industrial Row, Troy, MI
48084 – Contract Period: Upon City Council Approval through January
31, 2020 – Contract Increase: \$1,030,639.38 – Total Contract Amount:
\$1,280,639.38 GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6001018 referred to in the foregoing communication dated August 28, 2019, be hereby and is approved.



CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

103

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544
WWW.DETROITMI.GOV

August 7, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements for St. Hedwig Park from the Men's Senior Baseball League and Friends of St. Hedwig.

General Services Department is requests authorization from your Honorable Body to accept a donation of park improvements from Friends of St. Hedwig on behalf of the Men's Senior Baseball League with an estimated value of \$3,000.00.

Park improvements will consist of constructing simple shelters over the dugouts in field #2 at St. Hedwig Park. The cost of materials and the construction will be assumed by the Men's Senior League. The organization will maintain the structures along with field maintenance.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

Janet Anderson
Director



Resolution

Council Member _____

Whereas, the General Services Department is requesting authorization to accept a donation of park improvements from Friends of St. Hedwig Park and the Men's Senior Baseball League

Whereas, the park improvements will consists of the construction of simple shelters over the dugout at field #2 in St. Hedwig Park

Resolved, the General Services Department is authorized to accept a donation of park improvements from the Friends of St. Hedwig Park and Men's Senior Baseball League; to be installed at St. Hedwig Park.



APPLICANT SECTION

Friends of St. Hedwig Park

Requesting Organization Name: _____

Today's Date: 24 July 2019

Contact Name: Joan Wadsworth

DPRD Property Name: St. Hedwig Park

Phone: 248 946 9311

Property Address: Junction & Konkel

Email: joanwadsworth@gmail.com

Location within the Property: field # 2

Address: FSHP, 3245 Junction

Improvement Type: Detroit 48210

Physical Improvement

Not-Art → fill out Donation Letter

Art → fill out Art Donation Letter

Maintenance → fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Members of the Men's Sr. League hope to construct dugout shelters for field # 2. The shelters will be built with wood, have a simple roof & concrete footings. The cost of materials is \$ 1,347.00 and the estimated cost of volunteer labor is \$ 1,500.00.

Estimated Value of Improvement: total value \$ 2,847.00

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Joan Wadsworth

Date: 24 July 2019

Print Name: Joan Wadsworth

Organization on behalf of: Friends of St. Hedwig Park 3

Note: Our original request was submitted on July 2019. This request is signed. on behalf

Please return this form to: Juliana Fulton
fultonj@detroitmi.gov
313-628-2365

General Services
18100 Meyers Rd, Upper Level
Detroit MI 48235

Page 2

GSD STAFF SECTION

Asset Information:

DPRD Property Number: 2,900 SUMMER
Asset Value: \$ 3,000

Asset Life Cycle: 20 YEARS
Decommission Cost: \$1,000

Maintenance Information:

GSD Maintenance Requirements: WILL NOT
IMPACT LAWN MAINTENANCE.
PDU RESERVES THE RIGHT TO
REMOVE IF THE SHELTER FALLS INTO
DISREPAIR.

GSD Operations Requirements: WILL
BENEFIT PROGRAMMING +
NOT DISTURB ANY PLAY.

GSD Project Coordinator: John DeRuiter

Date: 8/11/2019

Authorization:

- Project Denied
 Project Approved as Submitted
 Project Approved with Changes: _____

*Approved by GSD Director: Janet Anderson Date: 8-5-2019

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

Drawings were submitted electronically on 3 July
to Juliana.

Ms. Jan Anderson
Director
General Services Administration
18100 Meyers Road
Detroit MI 48235

Dear Ms. Anderson,

On behalf of the Friends of St. Hedwig Park and the Men's Senior Baseball League, I am writing to offer our full assistance in the construction of simple shelters over the dugouts in field 2 at St. Hedwig Park. The costs of materials and the construction will be assumed by the Men's Senior League. The cost of the materials is \$1,347.00 and the cost of labor is estimated at \$1,500.00. The construction will be done by team members who work in the construction industry. I will send a sketch of the shelters separately.

This project will begin as soon as possible. The Men's Senior League will maintain the structures, along with the field maintenance they perform.

Enrique Cabrera, 734-363-3467, will be in charge of the project. You can call me or Enrique with any questions. You can reach me at 248-946-9311 or joanwadsworth@gmail.com.

We appreciate your support.

Sincerely,

Joan Wadsworth

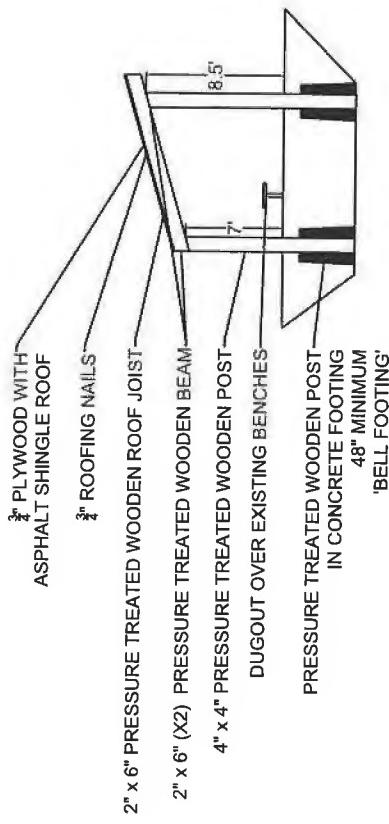


24 July 2019

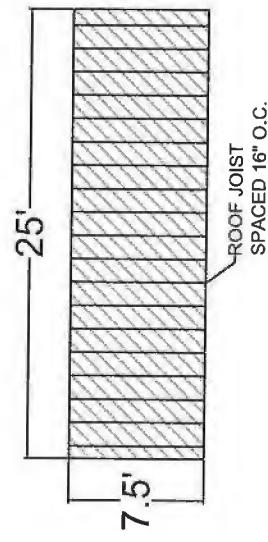
Initial letter submitted 3 July 2019 was unsigned.

DUGOUT SHELTERS FOR ST. HEDWIG

SECTION VIEW



PLAN VIEW





CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

104

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544
WWW.DETROITMI.GOV

August 21, 2019

Honorable City Council:

Re: Authorization to accept a donation of park improvements from Joy Communication Association for park space at Fitzpatrick and Longacre.

Detroit General Services/Parks & Recreation Department is requesting authorization of your Honorable Body to accept a donation of park improvements from the Joy Communication Association to purchase and install at Fitzpatrick and Longacre.

Park improvements will consist of the purchase and installation of two picnic tables, one grill, two benches, and landscaping. Park improvements have an estimated value of \$2,000.

We respectfully request your authorization to accept a donation of park improvements from the Joy Communication Association; with an estimated value of \$2,000 to be installed at Fitzpatrick and Longacre, by adapting the attached resolution with a Waiver of Reconsideration

Sincerely,

Janet Anderson

Janet Anderson
Director

cc: File



Resolution

Council Member

Whereas, Detroit General Services/Parks & Recreation Department is requesting authorization to accept a donation of park improvements from the Joy Communication Association to be installed at Fitzpatrick and Longacre

Whereas, the park improvement installation will consist of two picnic tables, one grill, two benches, and a variety of landscaping. The park improvements have an estimated value of \$2,000.00.

Resolved, Detroit General Services/Parks & Recreation Department has authorization to accept a donation of park improvements from the Joy Communication Association, with an estimated value of \$2,000, to be installed at Fitzpatrick and Longacre.



GENERAL SERVICES DEPARTMENT
Parks & Recreation
Division

Improvement Authorization Form

Pag

APPLICANT SECTION

Requesting Organization Name: Joy Community Association

Today's Date: 7/18/19

Contact Name: Angy Webb

DPRD Property Name: Fitzpatrick-Southfield Greenl

Phone: (313)675-5993

Property Address:

Email: angry.webb@yahoo.com

Location within the Property: Longacre and Fitzpatr

Address: 8845 Rutland

Improvement Type:

Park

Physical Improvement

Facility (ie Rec Center)

Not-Art → fill out Donation Letter

Art → fill out Art Donation Letter

Maintenance → fill out SLA Letter

Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

2 Picnic tables, flowers, 1 grill, 2 benches, and cherry blossom trees.

Estimated Value of Improvement: not sure maybe 2,000.00

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature:

Date: 7/18/19

Print Name: Angy Webb

Organization on behalf of: Joy Community Association and GM

Please return this form to: **Juliana Fulton**
fultonj@detroitmi.gov
313-628-2365

General Services
18100 Meyers Rd, Upper Level
Detroit MI 48235

Page 2

GSD STAFF SECTION

Asset Information:

DPRD Property Number: 346

Asset Life Cycle: 5 + years

Asset Value: \$2,600

Decommission Cost: _____

Maintenance Information:

GSD Maintenance Requirements: None. Parcel
is adopted

GSD Operations Requirements: None

GSD Project Coordinator: Raysh Land Date: 7/26/19

Authorization:

- Project Denied
 Project Approved as Submitted
 Project Approved with Changes: _____

*Approved by GSD Director: Janet Anderson Date: 7-30-17

*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

